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SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

Eastern and Southern Africa region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted during 1997.

INTRODUCTION

1. Three mid-term reviews (MTRs) were conducted in the Eastern and Southern Africa region (ESAR) during 1997, all in countries with relatively large programmes of cooperation with UNICEF. Of these, the reviews in Ethiopia and Zimbabwe had been concluded at the time of preparation of this report, while the review in Uganda was nearing completion and will be reported on fully in 1999.

2. The Eastern and Southern Africa Regional Office (ESARO), together with the Regional Management Team (RMT), is preparing an assessment of experience with the design, implementation and management of MTR processes in the region since 1995. Preliminary findings were provided during 1997 to the global working group preparing revised programme guidelines on MTRs, and a full report on experience in the region, incorporating lessons learned from the Uganda MTR, will be published by ESARO in early 1998. It is hoped that this analysis will be useful in the planning of MTRs in Eritrea, Madagascar, Mauritius and Swaziland, due to be held in 1998, and for other regions.

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COUNTRY MID-TERM REVIEWS

Ethiopia

3. The MTR of the 1994-1999 Ethiopia country programme was a joint Government of Ethiopia/UNICEF exercise, coordinated by the Ministry of Economic Development and Cooperation (MEDaC). Mechanisms were established for a systematic review of the nationwide and woreda (district-based) integrated basic services (WIBS) programmes. At the central level, committees were set up to review the overall country programme, sector programmes and projects. Other committees at the regional level reviewed both the nationwide and WIBS programmes. Zonal- and woreda-level authorities were fully involved in the regional reviews. In addition, the Government prepared a report, "Reoriented Programme of Action of UNICEF's 4th Country Programme for Ethiopia", which assessed programme performance and recommended measures in respect of the priorities, coordination and implementation modalities of UNICEF-assisted programmes.

4. The conclusions of the two review exercises were discussed during two review meetings, held in April 1997, which were attended by government ministers and sectoral officials, UNICEF technical staff and representatives of regional government authorities. The final meeting was co-chaired by the Vice-Minister of MEDaC and the Deputy Executive Director of UNICEF, and included senior UNICEF representatives from headquarters, ESARO and the country office. Other partners were not invited to participate in the review process as the Government has its own bilateral review mechanisms for this purpose. With these two simultaneous processes, it was felt that the programme had been subjected to a thorough and comprehensive review leading to important course corrections. A joint MEDaC/UNICEF working group was established at the final MTR meeting to determine and agree on follow-up actions.

5. The situation of children and women. Ethiopia's population is growing at a rate of 3.2 per cent per annum and is projected at 55 million. Based on the 1994 census, the infant and under-five mortality rates are estimated at 114 and 156 per 1,000 live births, respectively, in 1996. According to World Health Organization (WHO)/UNICEF estimates, maternal mortality stands at 1,400 per 100,000 live births. Some 64 per cent of children under five years old are stunted and 48 per cent have low weight-for-age. Malnutrition levels have been worsening over the past decade. Vitamin A and iodine deficiencies largely exceed the WHO cut-off level for a public health problem. The Ministry of Health and UNICEF believe that iron deficiency may be higher than earlier assumed and represents a major public health problem. Official estimates put the number of people infected with HIV at 1.7 million and the annual increase in adult cases at 6 per cent.

6. Little progress has been achieved in recent years in access to safe water or sanitation, which are estimated at 26 and 8 per cent, respectively. On the other hand, gross primary school enrolment has increased from 22.8 per cent in 1993 to 34.6 per cent in 1995/1996, with girls' participation increasing from 17.9 to 25.6 per cent. Education expenditure as a percentage of total government expenditure increased from 9.4 per cent in 1990/1991 to 13.8 per cent in 1995/1996. According to the 1994 census, it is estimated that over one half of all children between the ages of 10-14 years are economically active. A child labour policy has been formulated. Approximately 500,000 urban poor and out-of-school children are thought to be at extremely high risk of spending most of their time on the street. It is estimated that 98 per cent of women are affected by female genital mutilation.

7. Following ratification of the Convention on the Rights of the Child in 1991, a number of its provisions have been incorporated in the new Constitution. The Government has established committees at national and regional levels to oversee implementation of the Convention. The first report on implementation of the Convention was submitted to the Committee on the Rights of the Child and discussed in Geneva in 1996. Some 17 specific recommendations were made,

including publishing the full text of the Convention in the official gazette and pursuing the harmonization of existing legislation with the Convention.

8. Achievements and constraints. An assessment made in relation to the original country programme objectives for 1994-1999 shows that good progress has been made in the expanded programme on immunization (EPI), where coverage more than doubled between 1993 and 1996. Coverage for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine and three doses of oral polio vaccine increased from 28 to 67 per cent and two doses of tetanus toxoid-plus for pregnant women from 12 to 36 per cent. Vitamin A supplementation has been integrated with routine EPI delivery. The goal of universal salt iodation was officially adopted, and more than 75 per cent of salt for human consumption was iodated by the end of 1996. Supporting legislation is being drafted in this area. In 1996, the first National Immunization Days were organized in nine urban centres, and preparations for polio eradication are well under way. The number of reported cases of guinea worm disease, endemic in two regions bordering the Sudan, has decreased from 1,252 in 1994 to 370 in 1996. A village-based surveillance system, reliant on volunteers, has shown the effectiveness of involving communities in disease control programmes.

9. The nationwide water and environmental sanitation programme has focused mainly on support to policy formulation. A draft framework for the water supply and sanitation policy has been developed, and in the remaining country programme period, the programme will refocus on capacity-building at subnational levels. The education programme has also centred on the promotion of policy formulation. An education and training policy was adopted in 1994, and the education sector development programme was formulated in 1996. Therefore, the programme will also be reoriented to capacity-building, with a particular emphasis on teacher training, curriculum development, distance education and girls' education. The social mobilization and communication programme has played a major role in mobilizing media, religious groups and professional associations for the cause of children and women. It has also strengthened national communication institutions. However, the benefit of this programme to the overall country programme has been questioned by the Government.

10. The programme development, monitoring and evaluation programme has supported the training of significant numbers of government and community representatives in participatory planning. However, there has been confusion about the responsibilities of various government implementing agencies with regard to monitoring and evaluation. The mobilization of non-governmental organizations (NGOs), another component of the same programme, achieved very little, since the Government had not yet finalized its policy regarding NGOs. The gender and development project has been instrumental in building capacity in gender-sensitive planning at various levels. During the period under review, it has become apparent that there needs to be a separate component for children and women in especially difficult circumstances.

11. The WIBS programme has absorbed one half of the country programme resources and covers 55 districts and some 10.5 per cent of the total population. It has made considerable progress in capacity-building, basic services delivery, and designing and implementing integrated grass-roots development programmes with an emphasis on children and women. There is general recognition by regional government authorities that community-based interventions are more effective in accelerating social development and that the WIBS programme has been able to reach disadvantaged members of communities. Attaining the original WIBS objectives, which were closely related to the goals of the World Summit for Children, has proved too ambitious within the time-frame of the country programme. However, it is notable that EPI coverage in areas supported by the programme, which are among the most disadvantaged in the country, has reached the national average. In the 14 woredas that began implementation in 1994, DPT3 coverage improved to 50 per cent in 1995 compared to an average of 21 per cent in 1993.

12. In addition to quantitative targets, the WIBS programme envisaged the empowerment of local communities as well as the building of capacity at all levels of Government to support grass-roots development activities. Results have been mixed. Much of the participation of beneficiaries in the programme has been through the local provision of labour and supplies. In some regions, community members have not participated directly in the preparation of woreda plans of action. Elsewhere, however, they have been involved in the management of grinding mills, credit and savings groups, water points and drug revolving funds. The baseline surveys undertaken by each woreda in the programme are used extensively for planning and monitoring, which is also supported by formats developed for these purposes. However, the lack of technical capacity at this level has implied strong support from regional and zonal administrations, whose limited involvement so far has been identified as a major constraint. The MTR indicated that more effective capacity-building is needed in participatory development processes, with a particular emphasis on women's participation.

13. Almost $8 million were raised to fund emergency assistance in the areas of health, nutrition, water, sanitation and education. Disaster mitigation, a capacity-building project under the regular programme, provided support to the early warning system and the pre-positioning of supplies.

14. All of the above programmes suffered from a number of similar constraints concentrated around operational issues such as delays in disbursement due to unliquidated cash assistance; delays in procurement; and a lack of well-synchronized phasing between cash and supply assistance. Another common constraint has been the relatively limited role played by regional and zonal administrations in the implementation of both the nationwide and district-based programmes. This has weakened the coherence of the country programme as originally conceived in the master plan of operations (MPO).

15. Assessment of programme strategies: lessons learned. The MTR process confirmed the overall strategies of the country programme as reflected in the MPO, which emphasized capacity-building and empowerment strategies within a framework of decentralization. However, substantial scope was found for streamlining and refining the programme and improving its operational modalities. Therefore, programme cooperation will be consolidated from six to five main nationwide programmes (health and nutrition, water and sanitation, education, gender and development, and disaster mitigation), with the district-based WIBS programme being retained in its original form. The new gender and development programme will include components for children and women in especially difficult circumstances and for promotion of the Convention. Under the monitoring and evaluation programme, MEDaC will coordinate, monitor, evaluate and build capacity to ensure effective implementation of both the nationwide and WIBS programmes. Implementing agencies will undertake specific monitoring and evaluation activities as part of their own programme budgets. Social mobilization and programme communication activities will be integrated in each sector programme, thereby eliminating the need for a separate programme.

16. Therefore, the country programme will continue to comprise a nationwide and an area-based component, with each component receiving one half of the available resources. Ninety per cent of the funding for nationwide programmes will be allocated to regional authorities, who will be directly responsible for implementation. The major lesson learned is that the programme should focus on building and utilizing government capacity at all levels. Thus, implementation modalities will change, sharply increasing the role and responsibilities of Government in planning, implementing, monitoring and evaluation.

17. Country programme management plan (CPMP). The streamlined structure of the nationwide programme will allow for greater focus and facilitate programme management for both MEDaC and the line ministries. A number of far-reaching changes in government policies have taken place since the formulation of the country programme in 1993/1994. New sector policies, strategies and investment programmes have been defined, notably in health and education. The roles and

functional relationships between the central level and the regional authorities are now clearly established, allowing the programme to adjust its operational modalities to provide more effective support. Against this background, the Government has requested UNICEF to close its four zonal offices in order to confer maximum responsibility to the regional, zonal and woreda administrations. At the same time, UNICEF has reorganized its Addis Ababa office to ensure optimal support to the planning and implementation of the country programme and to respond to the increasing concern for accountability by the Executive Board.

18. UNICEF and the Government have agreed to examine the possibility of greater government involvement in procurement operations, taking into account the global policies, procedures and regulations of UNICEF. The Government has also expressed concern about the programme support budget. The management of cash assistance will be facilitated by channelling all funds for districts supported under the WIBS programme through the Regional Bureaux for Economic Development and Planning. This will allow the Bureaux to assume more complete control of the programme and also accelerate accounting for cash assistance.

Zimbabwe

19. The Zimbabwe MTR, based on a participatory process lasting four months, culminated in a final meeting in May 1997. The main methodologies used were self-assessment questionnaires, completed by programme and project managers in Government, partner NGOs and UNICEF, and interviews with United Nations agencies based in Harare. The process was led by a task force composed of government, NGO and UNICEF members. Key focus areas were reviewed for each component of the country programme, including contributions to capacity-building, community participation, the promotion of child rights and the mainstreaming of gender concerns. Preliminary results were presented at an MTR Forum in March 1997 and subsequently to the newly-established joint Programme Development and Monitoring Committee (PDMC). The final review meeting, which agreed on modifications to the 1995-2000 country programme, as well as indicative directions for the subsequent programme, was chaired by the Director of Domestic and International Financing, Ministry of Finance. Attended by representatives from some 20 international and United Nations agencies, it was agreed that the next country programme should start in January 2000 in order to harmonize with the national planning cycle and the cycles of other United Nations agencies.

20. The situation of children and women. While most of Zimbabwe's major social indicators remain relatively good compared to much of sub-Saharan Africa, progress has slowed in the current decade. Much of this is attributable to the HIV/AIDS pandemic, which by 1996 was estimated to affect some 1.4 million people, with a prevalence rate among the adult population as high as 21 per cent. About 15 per cent of AIDS cases are among children under the age of five years. The National AIDS Coordination Programme has projected that 10 per cent of all children will be orphaned by the year 2000. Severe droughts in the early 1990s, as well as continued high levels of poverty and rising unemployment, have also contributed to reversals in some of the social gains of the 1980s. Despite efforts to protect public spending on health and education during the structural adjustment programme which began in 1990, it fell significantly in real terms during 1990-1995, along with overall government revenues.

21. Despite the success of the Ministry of Health in maintaining child immunization levels at or above 80 per cent for all antigens and increasing access to safe drinking water from 74 per cent in 1990 to 78 per cent in 1996, effects of the wider socio-economic difficulties are seen in a slight increase in the under-five mortality rate, estimated by the demographic and health survey at 75 per 1,000 live births in 1988 and 76 in 1994. There also seemed to be a marked increase in acute malnutrition among young children during the same period. This problem is most common in farming areas, but there have also been increases in child malnutrition in towns. Maternal mortality is estimated at 283 deaths per 100,000 live births. While the strong record in basic education coverage has been maintained, the HIV/AIDS pandemic and other factors have

increased the number of parents and care-givers in need of exemption from fees. The real declines in teachers' salaries and expenditures per student pose threats to learning quality. A further concern is the relatively low educational achievement rates of girls in farming and remote communities.

22. Major additional challenges to child rights and welfare have emerged during the programme period. Chief among these are the rapid increase in reported cases of sexual abuse of children and the rising numbers of street children and working children estimated at 12,000 and 50,000, respectively. In response to the AIDS situation and other trends, the Government developed a National Orphan Care Policy, with UNICEF support, and is revising the Child Protection and Adoption Act. New regulations have been adopted which provide a clearer definition of child labour, and a pilot project has been launched for the promotion of more child-friendly approaches to juvenile justice.

23. Achievements and constraints. The MTR analysis included an assessment of progress made in relation to the original country programme objectives. Good progress has been registered in some aspects of primary health care and nutrition, including the reduction of measles mortality, the near eradication of polio and towards the elimination of iodine deficiency disorders and neonatal tetanus. Legislation for the iodization of salt was implemented successfully. However, due partly to the AIDS pandemic, objectives for the reduction of protein-energy malnutrition and mortality due to diarrhoea and acute respiratory infections have not yet been reached. While antenatal care levels are above 90 per cent and site studies of the quality of care have been conducted, more emphasis is needed on maternal mortality reduction and women's health in general. Health financing studies were supported in three districts and used in policy development, while training and needs assessments were carried out with village community workers. In water and sanitation, with support from the programme, including emergency funds, 1 million people were served by new and rehabilitated water sources and 30,000 by new sanitation facilities. Participatory hygiene education approaches were piloted successfully and extension workers were trained as trainers in 29 districts. This has resulted in increased demand for hygiene facilities, which is being addressed through partnerships with NGOs. The testing of community-led water planning and maintenance systems in southern Zimbabwe has been successful and has led to plans for replication in all rural districts by the year 2000.

24. The programme for children in especially difficult circumstances also supported the development of national policy through a pilot community-based orphans care project in Masvingo province. Child welfare forums have been established as a basis for increasing national and local attention to child rights. Initially affected by shortages of supplementary funds, the education programmed registered achievements in promoting gender awareness in the education system and building national expertise for skills development among school managers. The AIDS prevention programme supported the incorporation of AIDS education in school curricula from Grade 4, the development and dissemination of materials to rural audiences and youth, and increased policy attention to AIDS prevention and care. However, with high levels of awareness documented among groups at risk, the need to develop approaches to communication focusing more directly on behavioural change remains.

25. As the impact of macrolevel trends on the welfare of children became apparent, the social policy development programme continued to support sentinel site surveys for monitoring the social dimensions of structural adjustment and drought, the findings of which were used in national programme and policy formulation. However, it still remains to fully institutionalize this activity, perhaps as part of a national poverty monitoring system. Issue-specific studies were completed in strategic policy areas, including on social safety nets, child supplementary feeding, and children and women living in mining areas. Support was given to the formulation of a national policy on gender and of indicators for monitoring the status of women. A local language version of the Convention

on the Rights of the Child was produced as a basis for local dissemination, and increased media attention to child rights issues has been promoted.

26. Experience in several programmes has demonstrated both the feasibility and importance, for sustained outcomes, of community-based, participatory approaches. While behavioural change, linked to participation and effective communication, is key to most programme areas, the development of monitoring indicators for behavioural outcomes and of strongly integrated communication and training strategies has been relatively weak in most sectors. The MTR found that the methodological approaches to training required more systematic planning and assessment, as well as the strengthening of supervision and other forms of support, if they are to be successful in building capacity.

27. Assessment of programme strategies: lessons learned. Based on the analysis of achievements and constraints, the MTR concluded that strategic as well as structural modifications were needed to increase the effectiveness of the country programme. At the same time, newly-emerging threats to children need to be addressed. It was agreed that UNICEF cooperation in Zimbabwe should continue to build on strong programme achievements in research, evaluation and the testing of participatory approaches. The Government will reinforce its role as key implementor of child-focused programmes, based on partnerships with communities and NGOs where appropriate, while UNICEF will define its role more clearly as a facilitator and catalyst to such programmes. The remaining period of the current programme will see a stronger focus on sustainability of outcomes through more systematic approaches to capacity-building, continued promotion of community empowerment and enhanced mainstreaming of gender issues. While both greater selectivity in and integration of activities are required to increase effectiveness, the programme will also need to increase its emphasis on addressing the needs of highly vulnerable groups, including abused children, children with disabilities, and those residing in mining and peri-urban areas and on commercial farms. Priorities agreed by the MTR for the next country programme include the adoption of an analytical framework based explicitly on child rights and the expansion of alliances for children using this framework.

28. CPMP. The management review undertaken as part of the MTR introduced modifications to the programme structure which reflected the conclusions of the process. Responding to the identified need for greater focus and ease of management, the number of programme components was reduced from eight to five, with a functional unit established to support communication and training across all programme sectors. Work on social sector financing will now focus on the health sector, including the district level. To promote greater mainstreaming, the separate women's programme has been discontinued, with advocacy and monitoring for women's rights being integrated with child rights promotion. Activities for AIDS education in schools have been brought under the education programme, while child protection and AIDS information for high-risk groups have been consolidated under one programme. Social policy and monitoring and evaluation have also been merged. The consolidation exercise has reduced the number of projects supported by the country programme from 26 to 16 without a major reduction in the scope of activities. Meanwhile, the UNICEF Zimbabwe office structure has been rationalized to bring together all cross-sectoral programme components under the responsibility of one section. Management of the health and education programmes will be undertaken primarily by national officers, given the depth of expertise in Zimbabwe in these areas. Operations functions will also be consolidated and their monitoring made easier and more closely related to national planning by the increased channelling of cash assistance through the National Development Fund under the Ministry of Finance.

COUNTRY PROGRAMME AND REGIONAL EVALUATION WORK

29. A regional strategy for strengthening programme evaluation work, was approved by the ESAR RMT in 1997, is being implemented. The major foci of the strategy are: support to country-level evaluation planning; capacity- building; quality control; and the identification of regional evaluation priorities.

30. Most country offices in the region are now using integrated monitoring and evaluation plans, which are updated, with advice where needed, from the regional office as part of mid-term and other reviews. Meanwhile, support to country-level capacity-building has begun to focus on modalities other than training workshops. A "mentoring system" has been developed in which evaluation focal points can be "twinned" with a senior evaluator in a research institution or university. The impact of this approach will be assessed in early 1998. Electronic networking has expanded rapidly. Over 14 ESAR countries are now part of a "Cross-Country and International Evaluation Network", hosted jointly by ESARO and Palmer University (United States) under the umbrella of an international association. The network already includes over 50 UNICEF staff and 230 evaluators worldwide. Participants are able to transmit queries, advice and announcements and to resolve methodological problems, such as how to conduct surveys of nomadic populations. ESARO has encouraged UNICEF network users to distribute terms of reference of forthcoming evaluations for peer review. The network is also being used to invite consultants to tender for planned evaluations, which promotes transparency and a wider catchment for recruitment. Research institutions and NGOs in several ESAR countries are using the network, and the next stage will be to extend access among government counterparts.

31. Other measures agreed under the regional strategy include the systematic reporting by country offices on the status of all planned evaluations and the assignment of responsibility for quality control of evaluations to a focal point in each office. The incorporation of detailed reporting on evaluation activities in the UNICEF global guidelines on annual reporting will also assist the ESAR RMT in closely monitoring regional evaluation trends as from 1998.

32. Based on a preliminary assessment, it appears that the level of evaluation activity in ESAR has increased, after a temporary drop in 1995-1996 associated with the focus on the implementation of the first multiple indicator cluster surveys. New priority areas for evaluation have emerged, with a growing number of reviews of national legislation on child rights and more attention to issues of capacity-building, positive behavioural change and empowerment. Some of the new areas are illustrated in the examples of major evaluations described below.

Review of training for capacity-building: United Republic of Tanzania

33. The 1992-1996 United Republic of Tanzania country programme included capacity-building as a key strategy for achievement of the overall goal "to improve capabilities at community, district and national levels to assess, analyse and take actions to reduce rates of mortality and malnutrition". This formulation took into account a situation in which human resource capacities for effective management of social development programmes were seriously lacking at all levels. Roughly one half of direct financial support under the programme was targeted to training activities, the effectiveness of which was, therefore, key to the capacity-building strategy.

34. The review, undertaken by a team comprising the heads of training in the Tanzania Food and Nutrition Council and the Ministries of Education and Health, as well as an external evaluator, contained four case studies and was based on field visits and analysis of documents at national, district and community levels. Training strategies were evaluated in terms of the formation of core training teams, the development of manuals and modules, training methodologies, target groups, follow-up and outcomes. It was found that while problem identification methods were generally adequate, most individual training events lacked a curriculum and were not based on specific needs assessments. However, three exemplary approaches to community-based training were noted in visits to Zanzibar, Kisarawe and Kilosa, and it was suggested that these examples be widely disseminated. The team found that significant cost reductions could be obtained by establishing district teams for the training of trainers and by making greater use of village or small town venues. The review also recommended closer collaboration between district planners and local training institutes, as well as a national training registry, and stressed that all training events should establish a curriculum and undertake training needs and impact analyses.

Empowerment and participation evaluation: visualization in participation planning in Zambia, 1994-1997

35. Since the early 1990s, Zambia has undertaken widespread reforms to promote decentralization and capacity-building in sectors such as health, water and local administration. Increased participation at all levels is seen as essential to the success of these efforts. In this context, the UNICEF-assisted country programme initiated widespread training in a methodology known as visualization in participatory planning (VIPP). This approach seeks to break down the "seminar culture", in which hierarchical relations tend to prevail, through an emphasis on group processes, information pooling and building of consensus. During 1994-1997, some 14 per cent of training expenditures under the country programme were used for training and group events using the VIPP method. Some 85 VIPP events were held, and 380 facilitators were trained at a start-up cost of about $200,000.

36. The indicators used to measure the degree to which the "planning culture" has become more participatory included indicators of empowerment (e.g. information-sharing and problem-solving) and of the enabling environment. The evaluation of the VIPP technique itself considered initial reactions, the degree of acceptance, commitment and impact. Primary data collection was based on key informant interviews, participatory group events and document reviews.

37. The major findings were that the VIPP approach had been effective in increasing participation in planning and that the trained facilitators often continued to use the methodology in a self-initiated manner. Six Zambian government agencies and NGOs had adopted the VIPP approach as an important part of their training activities. While a local VIPP training officer had been hired initially, it was found that the process was now largely self-sustaining.

External evaluation component of the Uganda mid-term review process

38. The 1995-2000 Uganda country programme contains several strategic innovations, and the 1997 MTR is providing a formative assessment of progress in these areas. The programme was designed to facilitate the Government's far-reaching decentralization policies in areas of specific concern for children, including through the creation of an enabling policy environment and promotion of positive behavioural change. As functions and resources have gradually been transferred to districts, the programme has supported the design of district plans of action for children and intensive efforts for capacity-building in local government. Inputs to the MTR have included a wide range of studies on specific programme issues, self-assessments by programme managers and an external evaluation of the entire programme. The preliminary results of the evaluation are outlined below.

39. The evaluation was led by a member of the Ugandan Parliament, and team members included representatives from the Swedish International Development Authority, the Department for International Development (United Kingdom), Save the Children Fund (United Kingdom), two Ugandan research and development agencies and the UNICEF Regional Office. The team used a range of mainly participatory and qualitative methodologies, including key informant interviews at district level, focus group discussions and questionnaires. Draft recommendations were discussed with the country programme management team (CPMT) comprising government and UNICEF staff.

40. The intersectoral emphasis of the new programme was found to be well appreciated by government respondents and was viewed as an important complement to national sector-based activities. However, the initial stages of the change of emphasis from sectoral service delivery to decentralized capacity-building approaches posed significant challenges to the CPMT. New skills were required in areas such as information management and communication, for which training materials and expertise were not readily available. Given that significant progress had been achieved in strengthening gender analysis, it was suggested that other cross-cutting skills should be prioritized for future training.

While the district plans of action for children were seen to have been useful in increasing attention to child-related issues, they now required integration with broader district plans. The wider use of indicators for assessing the quality and impact of capacity-building activities and for measuring changes in behaviour was seen as a major priority for the next phase of the programme.

41. The evaluation concluded that, while the programme strategy was complex and required time to be fully absorbed, the multisectoral "component" approach is appropriate for promoting community ownership of activities as well as for pursuing programme goals in a sustainable way. Progress would be facilitated by simplification of implementation methods, more emphasis on coordination at the district level and improved supervisory support of service providers.

Study of knowledge, attitudes and practice on malaria in Zanzibar

42. The knowledge, attitudes and practice (KAP) study on malaria in Zanzibar is an example of the type of programme evaluation that should become routine. Malaria is a major health problem in Zanzibar, and the study was undertaken as a prelude to increased support in this area by the Zanzibar component of the country programme in the United Republic of Tanzania. Recent evaluative work has tended to focus on the impact of impregnated bednets in malaria prevention. The KAP study has identified the need for additional, complementary strategies for effective overall malaria control.

43. The study was undertaken in 11 villages by the staff of the Zanzibar Ministry of Health and the National Institute for Medical Research using qualitative participatory methodologies, including key informant interviews, in-depth interviews of villagers, focus group discussions, group interviews with schoolchildren and local observation. Malaria-related fevers were cited as the most significant health problem faced by communities, with dirty water, changes in the weather, hot weather and the lack of food believed to be the main causes. Only 34 per cent of respondents associated malaria with mosquito bites. Some believed that nothing could be done to protect children, while others felt that malaria could be prevented by boiling drinking water and keeping children clean. Febrile convulsions were managed by covering children in black clothes and rubbing them with strong smelling leaves and roots. The drugs most often used to treat malaria were analgesics obtained from local shops.

44. The study recommended that local malaria control measures include the provision of guidelines for shopkeepers on drugs dispensing, training of health workers and the development of communication interventions on recognition, and first aid care of the symptoms of severe malaria in the home. The design of health education activities should take into account local perceptions of the causes and transmission of malaria. Support should also be given to awareness activities in schools. It was suggested that the control strategy in Zanzibar should adopt a broad public health approach, emphasizing increased community understanding of the disease and the appropriate role of drugs in addressing it.

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West and Central Africa region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted during 1997.

INTRODUCTION

1. In the West and Central Africa region, mid-term reviews (MTRs) of the country programmes of Cape Verde and Niger were held in 1997. The two countries, which both suffer from drought and desertification, are otherwise very different. Cape Verde, a middle-income country (gross national product (GNP) per capita $960, 1995) with a population of less than half a million and literacy and school enrolment rates among the highest in the region, also has the lowest child and infant mortality rates. On the other hand Niger, with a population of about 9 million, belongs to the least developed countries (GNP per capita $220, 1995) and has among the lowest literacy and enrolment rates and the highest infant, child and maternal mortality rates in the world. Consequently, the two country programmes are different in their scale, structure and strategies. In Cape Verde, limited funding and reorientation of activities by other development partners during the implementation of the programme led the MTR to conclude that the programme should be restructured to achieve better convergence of interventions and geographic focus. The MTR in Niger, while retaining the same structure, required revisions of the project objectives because they were too ambitious.

* E/ICEF/1998/2.

2. The present report also describes some of the recent evaluation work in the region. The selection has been made to include evaluations which might have general interest due to their scope or thematic area.

COUNTRY MID-TERM REVIEWS

Cape Verde

3. The Government took a leading role in the Cape Verde MTR, which was held at the end of the third year of implementation, in October 1997, with effective participation of multilateral and bilateral development partners. It followed the completion by the Government of an exhaustive situation analysis of the country and presentation of its 1997-2000 National Development Plan (incorporating the national plan of action for children (NPA)). A series of studies, surveys and evaluations, performed by the Government and UNICEF in the areas of children's health, education and hygiene, helped to enhance the MTR process.

4. The situation of children and women. There has been considerable progress in the situation of women and children in Cape Verde. The infant mortality rate decreased from 68 per 1,000 live births in the 1980s to 54 in 1996. Compulsory basic education has been extended from four to six years, net school enrolment is close to 100 per cent and there are no marked disparities in the access of girls and boys to basic education. With Cape Verde undergoing a consolidation of its multi-party democracy, recently there have been legislative, municipal and presidential elections and the administration is being decentralized. Nevertheless, the lack of natural resources and dependence on external assistance, prolonged drought, accentuated unemployment and food shortages, compounded by recent epidemics, threaten the continued well-being of children and women.

5. Achievements and constraints. The rights of women and children have been actively promoted; the initial report on the status of implementation of the Convention on the Rights of the Child was finalized, national legislation was reviewed to harmonize it with the Convention and a social policy framework for children and adolescents was designed with the participation of about 100 representatives from the Government and non-governmental organizations (NGOs), as well as 32 children. In the areas of health, education, water and sanitation and social promotion, operational policies were developed and human resources and institutional capacities of the Government and NGO partners strengthened. In the area of health, an agreement was signed on the Vaccine Independence Initiative, which implies that the Government gradually will take over the purchase of vaccines, and one hospital was certified as "baby-friendly". Approximately 13,500 people gained access to safe water in rural areas of Santo Antao and Santiago Islands, and the time spent to fetch water was reduced by 40 per cent. The quality of education was improved by the provision of didactic materials to 2,200 pre-school children and to one third of primary school children, besides the additional training of over 400 professionals in the pre-school subsector. In collaboration with the World Food Programme and the World Health Organization (WHO), support was provided to school canteens and health activities.

6. Despite UNICEF support for the acquisition of vaccines, there was only a 5 per cent decline in tuberculosis and measles coverage rates since 1995. Outbreaks of cholera and measles showed persistent weaknesses in the health service delivery system (weak staff motivation and qualifications, poor quality of services and insufficient social mobilization). Programme performance was negatively affected by lack of funding, vacancies and frequent staff changes in UNICEF and government institutions, insufficient coordination between development partners and the lack of clear government policies, in particular in the areas of early childhood development and rural sanitation.

7. Assessment of programme strategies: lessons learned. The review demonstrated that the objectives and strategies of the country programme are still pertinent. In particular, the strategies chosen to promote the rights of women and children provided positive results. The Vaccine Independence Initiative gives hope for enhanced financial sustainability in the health sector, as well as the opportunity for UNICEF to shift more resources from supply assistance to capacity-building. Persistent problems of maintaining water infrastructure indicate the need to strengthen capacities and empower communities and peripheral administrations in this sector. Problems with expanded coverage in sanitation (latrines) include demand for a standard which exceeds the willingness or ability of households to pay. Revision of policy and strategy is called for, based on constructive dialogue with households and communities. Limited realization of expected supplementary funding suggests a need for more convergence of project activities and more effective fund-raising.

8. The MTR recommended: more emphasis on collaboration with other donors and a re-orientation of the geographic focus of UNICEF-supported interventions to strengthen complementarity and avoid overlap; that the number of programmes and projects should be reduced; and that several objectives and activities should be reformulated to make them more realistic, coherent and easier to monitor and evaluate. Further, UNICEF should emphasize its comparative advantage related to the promotion and defence of child rights. As a result, the country programme has been redesigned and will during 1998-1999 focus on support to primary health care through national as well as regional training activities; information, education and communication (IEC) to improve household child care; and policy development (code on marketing of breast-milk substitutes); in addition to the provision of basic equipment. Established partnerships with WHO and the United Nations Population Fund will be developed further. The activities related to water and sanitation will focus on Santiago Island (not Santo Antao as before) and support the construction and rehabilitation of infrastructure, including at schools, and IEC for behavioural change. In pre-school and basic education programmes, the quality of teaching will be enhanced through training and strengthened collaboration between schools and parents. Gender equality will be considered in a systematic way in the sectoral programmes. The efforts to disseminate and promote the Convention will continue through advocacy and training of educators, and projects will be elaborated for children with special protection needs.

9. Country programme management plan. The total available financial resources for 1995-1997 equalled 45 per cent of the planned resources (general resources and supplementary funding). Efforts have been made to improve programme management and monitoring mechanisms, and the financial implementation amounted to 87 per cent. Improvement of staff capacities and strengthening of the knowledge function have enabled the country office to promote policies affecting women and children and achieve a better focus of the programme for 1998-1999. The country programme has been reduced from six programmes with 11 projects to five programmes with five projects, due to limited success or funding and overlapping of activities within the country programme or with those of other agencies.

Niger

10. Coordinated by the Ministry of Planning, the Niger MTR was undertaken in July 1997, during the third year of the 1995-1999 programme cycle. Preparations involved government staff, bilateral and multitaleral donors and NGOs. Besides a multiple indicator cluster survey, six evaluations and three studies were completed during the 1995-1997 period with the support of UNICEF. These comprised analysis of: immunization coverage in Maradi province; the quality of health care both in health centres revitalized under the Bamako Initiative and non-revitalized health centres; the structural causes of high maternal mortality rates; the impact of AIDS education on secondary school students; the impact of social moblization on immunization and on water and sanitation activities; the effectiveness of dracunculiasis (Guinea worm disease) surveillance; and the cost of immunization and dracunculiasis control activities.

11. The situation of children and women. Infant and child mortality rates, at 191 and 320 per 1,000 live births respectively (1996), have not declined since the 1960s. The maternal mortality rate is estimated at 1,200 per 100,000 live births (1990). Gross primary school enrolment is 29 per cent (1995) and significant disparities exist between the enrolment of boys and girls. Only one out of seven adults is literate and less women than men. Access to water and sanitation is 54 and 15 per cent respectively (1996), with a likelihood of families having a latrine in urban areas being five times that of rural areas. After several years of political instability, with notably civil strife involving the Tuaregs in the north, the country is attempting to regain peace and development. The Government has among others established a committee with UNICEF support to look into the low human development indicators, while simultaneously taking action to increase investments in basic social services following the 20/20 principle. Constraining factors include a very high population growth, frequent droughts leading to chronic food deficits, frequent epidemics (meningitis, measles and cholera) and women's very low social status.

12. Achievements and constraints. During the period 1995-1997, a number of project activities were realized. In the area of health, 52 (out of 312) health centres were revitalized, mainly in the Maradi and Zinder departments; 1,000 technical staff, teachers and community-based volunteers were trained and supported in provision of micronutrients; under-three-year-old children were submitted to regular growth monitoring in 155 villages; and 50,000 people gained access to a safe water supply through the installation of supply systems and establishment of water management and hygiene promotion teams. One result was an increase in pre-natal care and assisted birth attendance from 22 and 30 per cent respectively (1992) to 36 and 40 per cent (1996). Under-five mortality due to measles, diarrhoea and acute respiratory infections was reduced, and almost 85 per cent of under-10 children in the project areas achieved an adequate intake of vitamin A compared to 12 per cent nationally. The number of dracunculiasis cases was reduced by 79 per cent, to less than 3,000 in 1996. In the area of education, 60 schools were supported through the provision of teacher training, equipment and materials; over 1,000 girl drop-outs received non-formal training; 1,700 women were provided with functional literacy; and 3,000 women were supported through small credit-based activities.

13. The MTR clarified that in spite of the achievements, the country programme's objectives were too ambitious. Constraints included a lack of qualified government staff and transport at district level; limited outreach of health services; absence of education and sanitation policies; the high cost of the water infrastructure; misunderstanding of messages by households in the context of social mobilization; limited impact on behaviour of health knowledge and awareness; obstacles to female attendance in community group meetings; and weaknesses in information and monitoring systems.

14. Assessment of programme strategies: lessons learned. Generally, the strategies in the country programme were considered effective, although some improvements were necessary. These include increased outreach of health services, a shift from the distribution of iodine capsules to household consumption of salt (following the adoption of legislation banning the trade of non-iodized salt), and more effective translation of field experience into national strategies. The costs of water and sanitation infrastructures should be reduced to obtain increased coverage. The need to sustain and enhance women's participation and autonomy are called for, given the existence of strong cultural resistance. The MTR recognized that the Government's decentralization process has created opportunities for enhanced programme ownership at district level as well as for community participation, but recommended strengthened information systems, including community-based monitoring systems due to limited government staff and transport. Collaboration with the World Bank in the areas of health and education should be continued so as to have a leveraging effect on sectoral investment loans, and coordination with NGOs must be pursued. Collaboration with other donors and with national and international media was appreciated.

15. Country programme management plan. Mobilization of supplementary funding has been effective, with 95 per cent of the expected funds for 1995-1997 obtained. There have been improvements in monitoring supply and cash assistance. With the political stabilization, two sub-offices (Maradi and Agadez) were opened to enhance programme implementation. While the original structure of five programmes and 13 projects has been retained, the country programme's project objectives have been revised and the convergence of the activities will be improved to enhance effectiveness and reduce costs.

EVALUATION WORK AT COUNTRY AND REGIONAL LEVEL

Regional trends in monitoring and evaluation

16. Some regional trends in monitoring and evaluation are worth mentioning. In May 1997, the Regional Management Team (RMT) started a project on quality assurance of country programmes in the region. A key set of indicators is being developed to monitor and evaluate the four aspects of a country programme that will assure its quality: programme performance and implementation; operations, finance and supplies; human resources development and management; and external relations and communication. Such indicators will help country offices to carry out self-assessments and provide the RMT with a useful oversight tool.

17. Planning and programming of UNICEF-supported interventions are generally being taken more seriously than before. The region is seeing more evaluations of the overall country programme at the end of its cycle in order to draw lessons for future programme management. In 1997, Nigeria, Senegal and Togo implemented such evaluations, while Guinea currently is undertaking a series of in-depth evaluations of the different components of its previous country programme, including an evaluation of the capacity-building component. A recent innovation has been the active participation of government counterparts in the development of integrated monitoring and evaluation plans (the Gambia, Mali and Togo). To form a better basis for its future programmes, Benin has recently carried out an analysis of the coherence and feasibility of various programme objectives with different development scenarios.

18. Increased attention is being paid to cost-effectiveness and the issue of financial resources. Several countries (Benin, Cape Verde, Equatorial Guinea, Mauritania, Niger and Nigeria) have evaluated unit costs for selected programme interventions and taken these into consideration in the development of new programme strategies. Benin, Côte d'Ivoire, Guinea and Niger have completed UNICEF-supported studies on resource mobilization for basic social sectors in the context of the 20/20 Initiative, while Cameroon and Nigeria are well into this process. Similarly, in the context of its NPA, the Central African Republic made a special analysis of resources available from different sources, including the mobilization of local resources at prefectoral and community levels, as a basis for the selection of strategies to be implemented.

Major country programme evaluations

19. Nigeria. In Nigeria, an external evaluation of the 1992-1996 country programme was carried out by a national consulting firm. The evaluation assessed the relevance, effectiveness and sustainability of programme components, including the outcome of mid-course corrections and the effectiveness of operational support to programmes. Using a variety of techniques, both quantitative and qualitative data were collected at different levels of UNICEF interventions in the country (national, zonal, state, local government and community).

20. Taking the country programme as a whole, the evaluation noted that one of its significant achievements has been to contribute towards raising national awareness of children's and women's rights, development of national, state and local plans of action for children and women and adoption of legislative support

for the Convention on the Rights of the Child. A National Child Rights Implementation Committee has been established, a Decree on Children has been drafted and some state governments have enacted edicts aiming at increasing the enrolment and reducing girls' drop-out rates. Regarding overall programme operations and management, the evaluation noted progress specifically in strengthening the management of cash assistance. For the sectoral programmes, achievements include high coverage rates for vitamin A supplementation (60 per cent of the target population) and iodized salt (97 per cent of households); a reduction in the incidence of diarrhoeal diseases; increased coverage by the onchocerciasis programme; well-frequented and low-cost community child-care centres for pre-school-aged children; successful integration of health, nutrition, water and sanitation components in target schools; and increased access to safe water and sanitation in the intervention areas. It was also noted that programme targets on sanitation coverage and hygiene education were exceeded, due to the decision to adopt SanPlat latrines (with very low-cost latrine slabs) rather than ventilated improved pit latrines, a policy which paid off in terms of cost-effectiveness and cultural acceptability.

21. The evaluation also noted several constraints and areas for improvement. Overall, the country programme had too many separate projects and insufficient attention was paid to gender, economic, geographic and socio-cultural disparities. Programme planning therefore needed improvement. Regarding programme implementation, the heavy emphasis on UNICEF support to service delivery in several programmes led to a situation where, in the absence of funding from local governments, UNICEF often had to play a direct role for which it did not necessarily have the comparative advantage. UNICEF had also taken on tasks normally performed by counterparts, such as clearing, storing and distributing supplies. In the sectoral programmes, revitalization of health centres had been difficult to achieve or sustain, due to problems related to the difficult economic situation, inadequacy of inputs from counterparts and weak institutional capacities, and immunization coverage rates had declined. For health interventions, there were too many partnerships with NGOs and many NGOs did not always have the appropriate training and skills. In nutrition, it was noted that UNICEF should have collaborated more with other agencies, which have more of a comparative advantage, in activities relating to food production and processing. In education, attendance at literacy centres for women was low, since the women perceived literacy activities as less worthwhile than other activities by which they could generate income. In the water supply programme, village-based maintenance systems were not always effectively in place, and therefore about one third of the water points were not functioning at any one time.

22. Overall, the main lessons learned were that programme objectives and expected inputs from counterparts were too ambitious and did not take into account the realities and problems linked to the country's deteriorating economic situation. It was recommended that the UNICEF role in programme implementation and supplies be re-assessed, heavy reliance on service delivery strategies generally be reduced and capacity-building emphasized more. It was suggested that to address weaknesses in counterpart inputs, creative methods of cost-sharing between UNICEF, NGOs, the private sector and communities be sought. For the sectoral programmes, specific recommendations include the integration of income-generating activities in the women's literacy project, the implementation of stricter criteria in the choice of NGOs as partners, the review of support mechanisms for village-based water supply maintenance systems and greater attention to the legal status and rights of women, especially with regard to customary laws. The recommendations are being taken into account in current programme implementation.

23. Senegal. The external evaluation of Senegal's 1992-1996 country programme, carried out by a team of national and international consultants, covered the conceptualization, impact and effectiveness of the programme, the effects of resource availability and the Government's institutional responsibilities. It was found that the programme had contributed to

improvements in the areas of health, water and education. While the proportion of the national budget allocated to basic social sectors was still to be optimized, advances had been made in the political arena, such as the agreement by the National Assembly to convene a biennial children's parliament, the creation of strategic alliances for children's rights among mayors and religious leaders and the review of Senegalese legislation in the light of the Convention on the Rights of the Child. However, the dependence of a large proportion of the country programme on supplementary funding which came in later than expected constrained programme planning. In terms of institutional responsibilities, coordination and supervision by the Government needed to be strengthened.

24. Regarding the different sectoral programmes, it was found that the revitalization of the health system through the Bamako Initiative strategy, due to efficient collaboration between donors, had reached all districts in the country, with notable progress in immunization coverage, essential drug supply and decentralized management. Achievements are still fragile, however; community participation is weak, the use of health services remains low and health care is unaffordable for the poorest groups. The objective of 95 per cent iodization of all household salt was not achieved, but important advances were made in legislation on salt iodization and in mobilization and organization of local small-scale producers, resulting in consumption of iodized salt by about half the population in the iodine-deficient areas. In the geographic areas where UNICEF concentrated its support, there were increased water coverage and school enrolment rates, the latter including for girls. The projects on girls' education and non-formal education for women and youth achieved significant progress, but in the latter case, the Government and UNICEF had different views regarding the choice of NGOs implementing the project. The water, environment and sanitation programme contributed to increased access and hygiene awareness in the target zones, but in some areas community participation remained inadequate. Dracunculiasis cases were reduced by 99 per cent between 1992 and 1996, but eradication remains to be achieved.

25. The evaluation recommended that communities be mobilized better in the implementation of the Bamako Initiative strategy and that measures be actively sought and implemented to enable the poorest to have access to health services. In education, the evaluation urged against further creation of new pilot schools supported by various donors, among them UNICEF, as such schools could pose problems of sustainability and coordination. In urban sanitation, it was recommended that UNICEF support the establishment of local sanitation and garbage collection systems operated by the municipalities. It was also recommended that UNICEF involve NGOs much more in programme implementation and that greater priority be given to the Ministry for Women, Children and Family in future cooperation. Findings from this evaluation are being followed up in the implementation of the new country programme.

26. Togo. In Togo, an internal evaluation of the 1994-1996 country programme was implemented with regional office and government participation with a view to improving management and implementation of the current programme. The evaluation used qualitative and participatory methods, including government counterparts, NGOs and communities in the process, and drew its quantitative data from annual reviews and sectoral evaluations. While there were several successes in health, nutrition, education and the community capacity-building programmes, overall programme objectives were too ambitious, given the country's political crises between 1990 and 1994, the delays in project implementation, the limited government contribution and the emergencies precipitated by meningitis and cholera epidemics. The targeting of specific geographic zones was considered effective and the collaboration between UNICEF, other United Nations agencies, the Government and NGOs was found to have worked well, although government counterparts who participated in the evaluation noted weaknesses in their own internal coordination and supervision in the field. Legislation has been harmonized with the Convention, one result being the development and adoption of a Code for Minors.

27. Regarding sectoral programmes, the implementation of the Bamako Initiative strategy in the target zones has led to increased access and utilization rates, increased vaccination coverage, a higher proportion of health centres being co-managed with communities and a reduction in the number of cases of vaccine-preventable diseases. The quality of health care was, however, still inadequate and utilization rates, despite the improvement, were still low. Progress was noted in the establishment of growth surveillance activities, the iodization of salt and vitamin A supplementation. Achievements in the water and sanitation sector did not meet targets due to difficulties linked to weak national capacities, logistical and other problems in the field and changes in personnel on the part of UNICEF. Nevertheless, dracunculiasis reduction interventions were strikingly successful, reducing the number of cases by over 80 per cent between end-1993 and end-1996. In the community-based capacity-building programme, the evaluation noted an encouraging level of participation of women and communities in the planning and implementing of various educational and income-generating activities. Constraints included weak monitoring by the implementing NGOs, insufficient community-based monitoring systems, too frequent transfer of government staff and a high level of illiteracy among the women. Education activities in target villages resulted in increased enrolment rates, especially for girls, but such problems remain as overcrowded classes, demotivation of teachers, inadequate training and supervision with subsequent low quality of teaching and persistence of gender bias in teaching materials. Many of these problems are linked to the inadequacy of the overall educational system and therefore specific project interventions may not be able to resolve them, unless they are supported by more comprehensive measures.

28. The evaluation made a number of recommendations, particularly for improving the monitoring and supervision aspects of the programme and the quality of interventions. These recommendations are being taken into account in the new programme, which started in 1997.

Evaluations of dracunculiasis programmes

29. During the past year, a number of external evaluations were carried out with the regional office's participation on dracunculiasis programmes in endemic countries (Benin, Mali, Mauritania and Nigeria). Data from these countries show continued and dramatic success: between the end of 1995 and the end of 1996, Benin, Mali, Mauritania and Nigeria showed reduction rates of 37, 43, 68 and 25 per cent respectively in the number of registered cases. The country offices concerned are taking the evaluations' recommendations into account in the continued implementation of these programmes. In Benin, the evaluation noted the positive impact of the dracunculiasis programme, including the supply of safe drinking water, social mobilization, distribution of filters and treatment of ponds, case containment and epidemiological surveillance. The proportion of endemic villages having access to safe water was still quite low, however, and only half of the villages possessed water filters in good condition, the treatment of surface water did not include all endemic areas, the supervision of community-level agents was inadequate and the information to lower levels insufficient. The evaluation made concrete recommendations to improve coordination between different levels of the programme, raise the morale and motivation of village agents, enhance the quality of supervision and gradually transfer more responsibilities for the programme to national authorities.

30. In Mali, the evaluation noted that adequate supply of safe drinking water was a critical factor for dracunculiasis eradication. Health education was widespread in the endemic areas and was broadly accepted in villages with a reduced number of cases. But it was difficult to change behaviours in areas with a general lack of water. In villages with several available sources of water, behavioural change depended on the quality of persuasion of the communicator. The community-based epidemiological surveillance system, while functional, did not manage to detect all cases. The evaluation made a number of

recommendations to improve the information and surveillance system, increase the motivation of village health agents, ensure sufficient water filters and other supplies for case containment and promote the integration of dracunculiasis activities with other health interventions.

31. In Mauritania, factors contributing to the success of the programme included high-level political commitment and strong interest and support from a number of donors, including UNICEF. Nevertheless, the evaluation identified some problems and recommended the development of a national plan of operations to ensure more effective programme implementation, including more frequent supervision of community health workers and improved health education, especially in communities with low endemicity. It was also suggested to strengthen the central coordination unit and develop a more participatory approach to peripheral levels, increasing consultations with community agents and health services personnel.

32. In Nigeria, the evaluation noted that the organizational structure of the dracunculiasis eradication programme, whereby staff from national and zonal levels, including both professionals and youth service corps, are engaged in full-time eradication activities, was a key factor in the success of the efforts. However, further improvement in the quality of supervision of field staff will help to address effectively the other shortcomings in the programme.

Towards more participatory approaches

33. Participatory approaches, involving communities themselves in a variety of activities, are increasingly being favoured in the region, not only in programme implementation but also in evaluation. Because of their nature, such approaches involve behavioural change and interventions at community level in more than one sector, as recorded by the following examples. In Ghana, UNICEF has supported participatory projects in the area of school health. A series of participatory evaluations and studies found that schools in project-supported areas had high levels of community participation, resulting in increased enrolment and retention rates. The integration of health and education interventions at school and community level was recommended. Teachers could provide important information for the health programme, and by using the schools to establish better liaison with the communities, out-of-school children could be reached with health and other interventions.

34. An evaluation of the UNICEF-supported hygiene education and sanitation project in Mali assessed the level of community participation in the project, the adequacy and impact of training of community agents and the impact of IEC activities on target communities. Evaluation results were generally positive: additional latrines were in demand and being used by the communities and the breakdown rate of hand-pumps was lower than in control areas. The evaluation recommended an even more participatory approach, suggesting more information-sharing on costs and technologies with communities and a more participatory approach to project monitoring. It was also recommended that links be made with the health sector at community level, involving all actors in a common participatory approach on health and hygiene education.

35. In Niger, efforts to involve communities to promote health and hygiene messages have been a successful aspect of the rural water supply project. A recent evaluation found that while the project has yet to attain significant health impacts, it had succeeded in implanting some community-level mobilization structures (village animation committees) which were found to be widely active and well-respected by villagers. Overall, activity levels of such committees were found to be high, although there were still too few home visits, insufficient female participation and inadequate understanding of safe hygiene messages and of the proper use of communication tools. Still, it was clear that a major institutional force had been added, and that this would become increasingly effective with experience and supervision.

Evaluation in emergency countries

36. An evaluation from Sierra Leone can illustrate some of the difficulties in the region of planning and evaluating programmes in emergency countries. An evaluation of the UNICEF-supported programme on the care and protection of unaccompanied children found that some progress had been made towards the implementation of a National Family Tracing Network for unaccompanied children. A workable system with an agreed structure and government ownership had been established and participant members, both national and international, had been trained and sensitized. The evaluation made a number of recommendations on operational and coordination issues. Subsequently, however, the military coup in May 1997 brought about a rapid deterioration of the security situation and a great number of nationals and internationals left the country. The capacity to continue the programme or follow-up on the evaluation recommendations might therefore no longer exist.

CONCLUSION

37. Some common themes emerge from the MTRs and the evaluation activities in the region. First, monitoring and evaluation are being given increased importance in the region, and there is a clear trend in programmes and projects towards more rigour, accountability and cost-effectiveness. However, programme objectives adopted during past years often have been found to be too ambitious and not all have been achieved. Overall, progress has been encouraging, given the difficult situation in the region during recent years and the weaknesses in national capacities. But future programme planning will need to take more into account the realities, constraints and disparities within the country context.

38. Second, UNICEF-supported monitoring and evaluation activities in the region are increasingly emphasizing the participatory approach, a reflection of the same trend in programmes. As part of this approach, programmes have successfully implemented, among others, convergence and integration of sectoral interventions at school and community levels and organization of community-based structures and systems.

39. Third, notwithstanding its successes, the drive to eradicate dracunculiasis needs continued support and focus. Even in success stories such as these, the evaluations have noted that there should be closer and better supervision and more feedback of information to the community level.

40. Last, there are still very few evaluations of child protection activities in the region, even in emergency countries. This is not only a new area for West and Central Africa, but emergency situations also make it difficult to conduct and plan programmes and evaluations.

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FOR INFORMATION

SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

Americas and the Caribbean region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The mid-term reviews and evaluations described in the present report were conducted during 1997.

INTRODUCTION

1. In 1997, several thematic evaluations and three mid-term reviews (MTRs) were carried out in the Americas and the Caribbean region, the latter in Brazil, Guyana and Paraguay. The Brazil MTR, which comes in the fourth year of a seven-year programme cycle, was held too late to be included in the present report and will be reported on to the Executive Board in 1999.

2. The year 1997 was a milestone in developing thematic evaluation practices in the region. The Americas and Caribbean Regional Office (TACRO) initiated a participatory process for the preparation of a regional framework and plan of action for monitoring and evaluation activities, which was adopted in May during a regional workshop held in Santa Fé de Bogotá, Colombia.

* E/ICEF/1998/2.

3. The present report summarizes recent evaluations of UNICEF-assisted programmes and activities that represent: (a) regional priorities, such as the children's election in Mexico and programme and project evaluations supporting the MTR in Brazil; (b) relevance of findings and lessons learned, e.g., Andean basic services against poverty (under the Andean subregional programme (Programa para la region Andina (PROANDES))) in Bolivia; and (c) efficient use of best practices and lessons learned to improve strategic planning as a basis for future programming, such as the integrated basic services programme (Programa de servicios basicos integrados (PROSERBI)) in Nicaragua. These evaluations were carried out by external agencies: the Swedish International Development Authority (SIDA) for the PROSERBI and PROANDES evaluations; a private company which conducted an opinion poll for the children's elections in Mexico; and external consultants for the programme and project evaluations in Brazil.

COUNTRY MID-TERM REVIEWS

Paraguay

4. The MTR provided an opportunity for advocacy to reorient the country programme towards a rights-based conceptual framework and strategy. The process was participatory in nature, and built bridges at all levels between government institutions and civil society. United Nations agencies, the World Bank and the Inter-American Development Bank (IDB) participated in the review. In addition, further collaboration on a Common Country Assessment and United Nations Development Assistance Framework are planned in preparation for the next programme cycle.

5. The situation of children and women. Paraguay is characterized by extreme disparities in income distribution and social indicators. There are striking socio-economic, gender, ethnic and cultural inequalities within the country. Average figures hide three- to four-fold fluctuations between the most and the least privileged population groups. However, the infant mortality rate (IMR) and under-five mortality rate (U5MR) are decreasing. The fertility and population growth rates are among the highest in the region, at 4.3 and 2.6 per 1,000 respectively. The maternal mortality rate (MMR) is high, at 160 per 100,000 live births (1990), although it is twice as high in several provinces. Enrolment in primary education is 92 per cent but retention within primary level is low, at 61 per cent. The coverage and quality of basic services are still insufficient. There continues to be inadequate management and shortages of qualified people at all levels. Challenges remain regarding the reduction of maternal mortality, universal access to water and sanitation, child labour and mistreatment of children.

6. Paraguay is undergoing a process of democratization, urbanization and economic integration within the Southern Cone Common Market (Mercado Comun del Sur. Although its economic growth is low, social expenditure has increased. Both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women have been ratified but have not yet been fully harmonized with national legislation, in particular the Children's Code. A national plan of action for children (NPA) has been adopted at national and departmental levels, although only eight of the country's 18 departments have started implementing it.

7. Achievements and constraints. Progress towards most decade goals is on target. For example, 74 per cent of salt for human consumption, mostly from imported sources, is now iodized, although sustainability is still fragile.

Recent reports on a possible decrease in vaccination coverage are disturbing. Child rights issues have become a common topic of work with the Government, civil society and non-governmental organizations (NGOs). The Government is currently preparing its second report to the Committee on the Rights of the Child, with the participation of NGOs and civil society. A new adoption law based on the Convention on the Rights of the Child was recently passed. UNICEF strongly supported the educational reform process, resulting in the adoption by the Ministry of Education of the child-centered, bilingual "active school" (escuela activa) model, which will be taken to scale using IDB funds. The programme goal in water and environmental sanitation has been achieved. UNICEF undertook assessments of working street children and sexual exploitation in Asuncion and Ciudad del Este and the International Labour Organisation started a national study on child labour.

8. Sustainability is a serious strategic issue, closely related to the need for change in programmatic emphasis. Issues of awareness, defense and enforcement of human rights are slowly moving up the national agenda. A common United Nations effort is being discussed in the areas of strategy formulation, management and dissemination and use of information. Results of Paraguay's recent entrance into the international fund-raising arena are still difficult to assess and the country has been hindered by the overall downward trend in development aid.

9. Assessment of programme strategies: lessons learned. With the exception of the education programme, the overall country programme strategy was focused on support to service delivery. A shift towards broader advocacy, partnerships, social mobilization focusing on issues of quality and "closing the gap" is needed to maximize impact and optimize the use of scarce resources.

10. More reliable information is a requirement for adequate policy definition and subsequent programming. Participatory monitoring and evaluation at all levels of society is necessary to obtain timely feedback for adequate reorientation of action. Greater support for effective decentralization, defined as local capacity-building and adequate transfer of resources, is indispensable.

11. Improved use of information, local-level partnerships and decentralization must all ensure the inclusion of women's and children's participation and the guarantee of their rights. The current programme orientation, focused on the supply of services by sector, must take into account needs and cultural preferences to change orientation to a more demand-based approach, as well as interlinkages between services.

12. Country programme management plan. Only 9 per cent of supplementary funds ($900,000 out of $10 million) have been raised, and the general resources allocation for Paraguay effectively has been reduced from $1.2 million to $850,000 per year. This calls for a serious consideration of funding efforts. Concrete supplementary funding commitments for 1998-1999 have been received from Canada, Spain and Sweden, but they are still well below 50 per cent of the total amounts approved by the Executive Board. Nevertheless, the recently completed integrated budget for 1998-1999 maintained the pattern of expenditures for administrative support, which are still cost-effective.

13. The Paraguay sub-office progressively has gained a high degree of autonomy from the Peru area office. The application of management excellence principles has helped the office to redesign work processes and management practices, with distribution of responsibilities adapted to a more cross-sectoral approach. The

creation of a country management team has improved communication and motivation among staff members. No major changes are foreseen in the office's structure and posts.

Guyana

14. In Guyana, the MTR was held in September 1997 and led by the Ministry of Foreign Affairs, with the participation of the Prime Minister. The Ministers of Foreign Affairs, Health and Education also participated, making conceptual and operational suggestions for the adjustment of the overall programme. In addition to UNICEF staff from the country, area and regional offices, participants included representatives of concerned ministries, regions and municipal councils, community groups, NGOs, the resident coordinator, heads of United Nations agencies, representatives of other bilateral and multilateral organizations and the press.

15. The situation of children and women. Between 1992 and 1996, Guyana's real economic growth averaged 2 per cent. Debt release totaled about $800 million, so that the servicing ratio on exports dropped from 75 per cent in 1991 to 48 per cent in 1996. Consequently, there have been significant increases in government allocations to the social sectors. During the same period, U5MR and MMR were halved, to 28 per 1,000 live births and 35 per 100,000 live births respectively. Low birth weight now accounts for only 15 per cent of births but is still above internationally accepted standards. Vaccination coverage remains high at more than 90 per cent, with no measles cases registered throughout the period. Primary education enrolment and participation rates are now increasing, to 102 per cent. However, there have been increases in reported child abuse, street children, child labour and violence against women in urban centres. The NPA, approved by Parliament in 1996, has provided an important mechanism for public advocacy, monitoring and policy coordination.

16. Achievements and constraints. The present Government is determined to create a child-friendly environment in Guyana as a basis for the planning and implementation of development programmes. Progress is commendable in the reduction of IMR and MMR, despite overall economic stagnation and the present slow recovery, particularly since 1992.

17. Basic data and social indicators need to be updated and mechanisms for collection, disaggregation, analysis and use should be improved. There is a need for increased use of social indicators as tools for policy decision-making, programme design and monitoring, and to identify gaps and pockets of priority needs to guide resource allocation.

18. Better inter-ministerial collaboration is required, as is the involvement of the Ministry of Finance in social development planning, to lead to better allocation of national resources. High staff turnover in relevant ministries continues to be a serious hindrance.

19. It is also necessary to increase capacity-building for sustainability and to establish mechanisms for programme monitoring and evaluation, both within and between government structures. UNICEF has supported the creation of several commissions for this purpose, including the National Commission for Women and Children and the National Commission for Early Childhood Care and Development. A Committee on Family Maintenance and Related matters has been created to review Guyana's law, within the context of Caribbean Community draft legislation and the Convention on the Rights of the Child.

20. Assessment of programme strategies: lessons learned. Accelerated implementation of the present programme is possible given the positive national context. More attention should be paid to advocacy for policy development and to inclusion of community-level planning in programme efforts to strengthen the demand for services.

21. Areas for advocacy are the 20/20 Initiative, gender equity with a particular focus on the girl child and male socialization. More in-depth work is required on such issues related to family life as adolescent pregnancy, better parenting and early childhood education. A better understanding of programmes and policies to eradicate child labour will need to be developed. The re-mobilization of municipalities has great potential in strengthening community involvement and will need to be pursued.

22. Country programme management plan. Re-engineering of office structure and work processes to adapt to the new programme environment will emphasize investment in staff skills. Quarterly monitoring of implementation will be initiated.

MAJOR COUNTRY PROGRAMME EVALUATIONS

23. Building on the comments of the Executive Board, the Americas and Caribbean region worked to improve evaluation practices and encourage organizational learning through dissemination of lessons learned and best practices. TACRO surveyed the monitoring and evaluation situation in the region to assess country offices' principal needs. The survey results served as the basis for organizing the regional workshop held in Santa Fé de Bogotá, where a strategic planning tool - the regional framework - was designed.

24. Workshop participants identified weak evaluation practices as a fundamental constraint to implementation both in their offices and with counterparts. Their strengthening would oblige management and staff to ensure clarity of programme vision, goals and the design of adequate activities to fulfil them. Another constraint detected was inadequate technical capacity. To remedy this, a regional electronic monitoring and evaluation network has been set up to exchange information and experience and to disseminate new methodologies, taking advantage of knowledge centres existing outside UNICEF. A monthly electronic bulletin on lessons and practices was initiated to disseminate findings, recommendations, lessons learned and best practices, giving country offices a real opportunity to learn from each other. Flexible teams were set up, with country offices' participation, to follow-up and implement such planned activities as the development of indicators for a rights-based approach to programming and the updating and effective use of the UNICEF global evaluation database. A regional training workshop for UNICEF staff and counterparts is being organized in 1998 by TACRO and the Evaluation, Policy and Planning Division.

Integrated Basic Services Programme (1992-1996), Nicaragua

25. An external evaluation of PROSERBI was financed by SIDA in February 1997. The resulting report was shared with communities and with national and municipal counterparts, who participated with the donor in the preparation of a new proposal for implementing PROSERBI activities for the period 1997-2001. Among the main findings of the evaluation, taken into account in the new PROSERBI design, was the need to move beyond service delivery in order to strengthen local capacity for the formulation and implementation of social interventions.

The municipal level was identified as the centre for coordinating all social agents active in a particular territory, including external assistance agencies, government and NGOs. This recommendation is already being implemented by PROSERBI with the promotion of comprehensive social development plans in the municipalities covered by the programme.

26. PROSERBI made effective use of lessons identified during the 1995 SIDA evaluation of the UNICEF-supported water and sanitation programme in Central America (presented to the Executive Board in 1997), which underlined the importance of standardized technologies. PROSERBI, in fact, standardized the locally manufactured pump Bomba de Mecate which resulted in enhanced quantity and quality of local production, better availability of spare parts and reduced delivery delays. Another lesson was the willingness of beneficiaries to pay despite the fact that Nicaraguan communities are very poor and have limited capacity to pay for and maintain their water facilities. PROSERBI successfully promoted savings and loan cooperatives to provide an important credit mechanism to finance water and sanitation facilities.

Children's Election in Mexico

27. In Latin America, ratification of the Convention on the Rights of the Child and promulgation of related national laws have coincided with a general movement towards greater democratic involvement. Children as subjects of rights and protagonists can help consolidate and amplify democracies. Likewise, respect, protection and improvement of children's and adolescents' rights to participation are fundamental to the cultural transformation that is needed to apply the Convention fully. An important response to this need has been the development by UNICEF of such processes as children's opinion polls (in Argentina, Chile, Costa Rica and Venezuela), children's parliaments (in Belize, Chile, Ecuador and Jamaica) and children's elections (in Colombia and Mexico). In particular, children's election processes, coinciding with national elections, have been used to promote children's and adolescents' involvement in the democratic process and to stimulate adults' responses to the "voice of children".

28. In July 1997, 3,709,704 children voted for their rights during the Mexican federal election, facilitated by an agreement signed between the Federal Electoral Institute and UNICEF. Children voted predominantly for the right to education. The right to live where air, water and land are not polluted, the demand for people to love and take care of them, the right to be healthy and eat appropriate food and the right to play, relax and meet with other children also received high scores.

29. To measure the outcome and impact of the children's election, a national opinion poll was carried out among children and adults, featuring children's attitudes to the application of their rights and children's and parents' opinions of the election and of child rights at large. The elections appeared to be well accepted by children who felt that they had the opportunity to express their opinions. Parents saw the election as a good learning exercise for their children. Children have acquired stronger awareness of the existence, meaning and value of their rights while they expect society to respect them and similar democratic exercises in the future. In particular, the strong wish for education will need serious follow-up at policy and programme level.

Andean subregional programme in Bolivia

30. PROANDES in Bolivia is a component of the Andean subregional programme that covers Bolivia, Colombia, Ecuador, Peru and Venezuela. Its general objective is to promote basic services to improve survival, development and protection of children and rural women, thus reducing poverty. PROANDES has implemented two phases since 1988 and is entering the third one, for the period 1997-2002. The main financing agencies - the Spanish Committee for UNICEF and the Swedish Government through SIDA - in collaboration with UNICEF Bolivia, carried out an external impact evaluation of the first eight years of PROANDES in Bolivia. The recommendations and lessons learned were used to design the next phase.

31. Evaluators found that PROANDES had important outcomes and impact in the concerned areas. The empowerment of women and communities are probably among the most important achievements, fueled greatly by a strong drive for literacy and the establishment of credit facilities through municipal banks. Young child development (Wawa Wasi) and drinking water extended coverage greatly. The return and sustainability of investments in physical capital appeared to be higher when done together with those in human and social capital to counteract rapid technological change and inappropriate socio-economic organization at local level. The literacy project (Yuyay Jap'ina), a component of the project to strengthen rural women, was very successful in Potosi, involving 13,000 participants, 73 per cent of them women. It had a demonstrated effect on gender relationships, women's self-esteem, the socio-economic empowerment of women and families and the strengthening of municipal organizations. Such multiple impact has great potential and opens the ground for other activities. The water component was also very successful, achieving broader impact than other similar projects in the country, although the sanitation and hygiene education components were still ineffective.

32. The evaluation team recommended strengthening the integrated framework and the coordination of different projects in search of synergies which can be replicated nationally through public policies. The gender approach and empowerment activities could also be better used as an integration strategy. Evaluators recommended improving the monitoring system to include process and impact indicators. Finally, a social and anthropological investigation of cultural appropriateness of the services delivered was strongly recommended.

Programme and project evaluations supporting the Brazil mid-term review

33. Formalized evaluative methods as part of MTR processes in country offices improve reviews, strengthen evaluation practices and culture and disseminate lessons learned within the region. Between April and November 1997, UNICEF Brazil carried out 46 evaluations considered relevant to the MTR process, which took place during the latter part of the year. The projects evaluated were selected through a weighted combination of such criteria as innovative design for formulation of public policies, relevance of project strategies for programme areas and sub-offices, emerging priorities (e.g., child labour, AIDS), potential for intersectoral integration, a child rights framework, national and local impact and replicability and sustainability of results.

34. Lessons learned through this evaluative experience were fed into the MTR process. The country programme's objectives were reviewed in terms of relevance, appropriateness and effectiveness. The evaluation of intersectoral projects from a rights perspective has provided valuable insights into how to shift towards a broader, rights-based framework. A side effect has been the

strengthened relationships between UNICEF staff and government and other implementing partners, including NGOs. The involvement of independent consultants was seen as very positive for enhanced participation and capacity-building and as a valuable means of self-assessment.

35. Such projects as the Child Pastorate, Community Health Agents, Support Centres for Small Entrepreneurs, the Child Rights News Agency and the Abrinq Foundation for Children Rights were evaluated. One global lesson is that evaluation is fundamental both to building and strengthening collaboration and alliances with government and to consolidating and expanding projects which could go to scale in the form of public policies. Another interesting lesson is that a project, to be sustainable, has to establish partnerships and alliances with governmental and non-governmental institutions that can strengthen initiatives and offer financial support. UNICEF needs to help train leaders in advocacy, to define communication strategies as part of any project and to strengthen the capacity of local communities to participate actively in planning and implementation. UNICEF should ensure that its cooperation creates a sustainable basis to transform outputs into impact.

CONCLUSION

36. Asymmetries in planning cycles mean that during 1997, the Americas and Caribbean region, of its 24 country programmes, completed just two MTRs and made progress on a third one. The two completed MTRs were for countries with comparable socio-economic and development conditions. Some favourable traits are seen in both as a result of enhanced awareness of social priorities, of which UNICEF is a major advocate. In both cases, there is a trend to convert purely service-oriented cooperation into rights-based advocacy.

37. Evaluation practice, essentially on specific projects, has developed considerably, with heavy support from donors. This has led to important feedback on the nature of follow-up and emerging cooperation policies. A clear attempt to improve knowledge acquisition and use began during the year.

38. Fully realizing the importance of such developments, TACRO organized supporting activities leading to the inception of its own plan of action for programme monitoring, and for evaluation and dissemination of experiences. The region now is fully prepared to develop further evaluative activities and so strengthen programming, fund-raising and accountability.

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SUMMARY OF MID-TERM REVIEWS AND MAJOR EVALUATIONS OF COUNTRY PROGRAMMES

East Asia and Pacific region

SUMMARY

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustment in the country programmes. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. As no mid-term reviews were conducted in the East Asia and Pacific region in 1997, the present report describes major evaluations conducted and new initiatives undertaken in programme evaluations in 1996-1997.

INTRODUCTION

1. In accordance with the five-year programme cycles of all 13 country programmes in the East Asia and Pacific region, no mid-term reviews were planned nor conducted in 1997. Therefore, the present report (a) makes some observations on monitoring the mid-decade goals and programme evaluations conducted in 1996-1997; (b) reflects on how their findings are being used to improve country programmes of cooperation for children and women; and (c) shares some of the new initiatives undertaken and experience gained in 1997 to strengthen monitoring and evaluation of country programmes in the region. The report indicates how the regional management team (RMT) and the regional office team are providing support to country programmes for improving programme implementation, monitoring and evaluation, and for strengthening UNICEF capacity in programme evaluation.

* E/ICEF/1998/2.

MULTIPLE INDICATOR CLUSTER SURVEYS: MONITORING THE MID-DECADE GOALS

2. In accordance with the global promotion by UNICEF of the multiple indicator cluster survey (MICS) methodology for assessing countries' achievement of the mid-decade goals, 10 countries in the region have conducted MICS since 1995 with UNICEF assistance. They have reconfirmed earlier indications that some countries had already achieved a number of the goals by the end of 1995 and that most of them were within reach for the region as a whole by 1996. Many among the 10 countries used the MICS sampling techniques and methods of data collection, and some adapted the MICS questionnaires to their own needs. Several benefits have been noted by government partners and UNICEF based on experiences in conducting MICS: (a) statistically sound data have been obtained to verify achievement of the mid-decade goals; (b) in some countries, key child indicators from various data sources and government ministries have been brought together in a coordinated manner; (c) national bodies responsible for social statistics have become partners in country programmes for children; (d) policy makers and programme managers have become more clearly aware of data gaps; and (e) the strengths and weaknesses of existing systems of data collection, and the need to analyse and use data for policy and planning purposes, have been recognized. In several countries, MICS have highlighted disparities within countries by showing how achievement of the goals varies from one province or district to another and have raised awareness of the need to reach marginalized communities while achieving national objectives.

3. The extent to which MICS data have been disseminated among the various audiences has varied. Myanmar, for example, has produced a user-friendly, popular version of the MICS report for a general audience by incorporating an array of maps, charts and photographs showing varying degrees of achievement of the mid-decade goals by states and divisions, and trends over time. The Philippine report recommends, for future consideration, the inclusion of a data dissemination module to produce fact sheets or to highlight significant findings on the MICS results for selected audiences. While some countries have established linkages between national statistics offices and relevant line ministries to generate data for routine administrative reporting, others have been unable to establish such linkages, but will do so in the future. Examples of government acceptance of the MICS-type methodology for monitoring purposes have been noted in the region. A MICS was carried out for a focused analysis in Yunnan Province following an earlier nationwide survey in China; Myanmar plans to conduct surveys every two years; the modules based on the 1996 survey in Indonesia have been incorporated into the annual National Socio-Economic Survey; and a survey using MICS methods will be used in the Philippines in 1998 for assessing the maternal and child health (MCH) programme, supported by the Australian Agency for International Development, and also for selecting areas of the country for focused attention in the next country programme. The Philippine experience could provide an example of using MICS techniques for gathering baseline data for planning, monitoring and evaluation purposes.

4. Based on the encouraging responses of government partners so far in the region, some of the next challenges for UNICEF and its partners in the area of monitoring would be to: (a) encourage the analysis and use of data to better understand possible relationships among variables, such as those between the increasing access to water and environmental sanitation and the incidence of diarrhoeal diseases among children; (b) conduct the MIC-type surveys at regular intervals as part of a sustainable system of gathering data for monitoring key child indicators; (c) broaden the scope of special surveys to verify achievement of the World Summit for Children goals for the year 2000; and

(d) strengthen monitoring of the situation of children as part of States Parties' commitment to realizing child rights.

PROGRAMME EVALUATIONS

5. For the period 1996-1997, country offices in the region have reported over 100 studies. These include about 45 evaluations and a number of studies such as situation analyses, action research, needs assessment for formulating project strategies and plans, and reports on annual and mid-term reviews (MTRs). About one quarter of the studies relate to child health, followed by 13 to 15 per cent each to education, water and environmental sanitation, and nutrition. Some 3 to 8 per cent of the studies examine issues in each of the following programme areas: HIV/AIDS, children in need of special protection, gender, communication and credit/income-generating activities.

6. This report presents four examples of programme evaluations conducted in three country offices in 1996-1997: the water and environmental sanitation programme in the Lao People's Democratic Republic; a project to provide educational subsidies to working children and street children in the Philippines; and a micro-credit programme for poor women and a Facts for Life communication project in Viet Nam. They have been selected to indicate how evaluation findings are being used in country programmes through the mechanisms of annual reviews and MTRs, and in the preparation of new country programmes. They also indicate how programme strategy mixes are being adjusted in support of Governments' plans and programmes for achieving the year 2000 goals and for fulfilling the stipulations of the Convention on the Rights of the Child.

7. Increasingly, it is being recognized that programme strategies in early- to mid-1990s for achieving the mid-decade goals called for a goal-oriented policy, planning and mobilization process combined with the strengthening of government capacities for delivering basic services such as immunization. The process of achieving the year 2000 goals and adopting a child rights approach in country programmes, on the other hand, is more complex and challenging. Achievement of the year 2000 goals not only calls for the strategies shown to be effective for achieving the mid-decade goals, but also requires strengthening capacities of local government agencies; collaboration with non-governmental organizations (NGOs) and other partners; and community organization, participation and management. It also requires improved knowledge, skills and attitudinal changes for informed behavioural choices among children and youth, men, women and families; strengthened information and communication; improved monitoring and evaluation; and mobilization of national and local resources.

8. The four programme evaluations included in the present report reflect some of the efforts being made to redefine programme plans within the child rights framework by more clearly recognizing basic services as children's legitimate claims. They also include attempts to reach out to the unreached and the poorer children, women and families; and to plan and implement programmes for realizing children's rights not only for survival and development, but also for protection and participation.

Water and environmental sanitation programme in the Lao People's Democratic Republic

9. The rural water supply and environmental sanitation programme in the Lao People's Democratic Republic, funded by the Swedish International Development Authority from 1993 to 1997, was evaluated in 1996. The evaluation methodology included field visits to seven provinces, a review of documents and extensive discussions with relevant government and NGO partners. The study found that access to improved water supply had increased from 15 per cent of the rural population in 1992 to 40 per cent in 1996 at a very modest cost of $3 per capita. The programme made improved latrines available to 20 per cent of the rural population in 1996 compared to just 5 per cent in 1992. NAM SAAT, the National Water Supply and Environmental Health Programme of the Ministry of Health was designated as the "undisputed lead agent in rural water supply and sanitation" at provincial and district levels. Training had helped to strengthen NAM SAAT's institutional capacity at the provincial level although not at the district level. The evaluation team noted a lack of ownership of the water and environmental sanitation programme within NAM SAAT, as well as a lack of coordination among supporting agencies at the central level.

10. At the community level, the report pointed out that (a) baseline data had been poorly collected at the beginning of the project; (b) gender issues were not taken fully into consideration in the planning process; (c) an appropriate strategy for health education had not been devised; (d) the use and maintenance of water facilities and latrines had not received sufficient attention; and (e) the promotion of hygienic and preventive health practices had not been planned effectively.

11. In response to the evaluation findings, some immediate steps were taken in late 1996 and 1997 as the country programme cycle (1992-1997) was coming to a close and the new country programme was being planned: (a) a national plan of action for water and environmental sanitation for 1998-2002 was prepared with support from the United Nations Development Programme, the World Bank, UNICEF and other partners; (b) resources were allocated for surveys and studies; (c) water and sanitation committees were established; (d) integrated water, sanitation and hygiene education activities were planned for follow-up by the committees; (e) improved designs for water and sanitation facilities were promoted, with greater attention to gender and environmental concerns; and (f) a pilot project in primary school sanitation was launched with a deliberate strategy to introduce sanitary and hygienic practices among children and to disseminate information and knowledge from child to child, child to family, and children to community.

12. The new country programme of cooperation for 1998-2002, approved by the Executive Board in September 1997, has also incorporated a number of lessons learned from the evaluation of this programme. For example, it includes a greater focus on: (a) institutional capacity-building of NAM SAAT; (b) increased community participation in the planning, use and management of water and sanitation facilities; (c) expansion of the primary school sanitation project and closer linkages between the school and the community; (d) increased attention to equity in service delivery to some of the remote and poorest areas of the country; (e) the development of indicators, case studies, annual reviews and programme adjustments based on findings; (f) closer collaboration with mass organizations such as the Lao Women's Union, youth associations and village development committees; (g) advocacy with the national Government to increase budgetary allocations and staff support; and (h) improved coordination between

national partners and supporting agencies through joint planning, reviews and evaluations, as well as joint support for establishing clear policies, regulations, standards and monitoring.

Programme of educational subsidies for working children and street children in the Philippines

13. The direct provision of educational subsidies is one of several interventions targeting children and youth in need of special protection in the Philippines. It is one of the components of the urban basic services programme (UBSP), which has evolved and expanded considerably over the past two programme periods. The programme has reached increasing numbers of cities, poorer urban communities and families; links have been established with national policies and plans; and the programme has incorporated the street children and working children programmes in a multisectoral and holistic manner. In the current country programme (1994-1997), an amount of some 5 million pesos (approximately $142,000) was provided for educational subsidies for 6,710 children and youth in primary and secondary schools. The UBSP includes other programme activities at family and community levels such as health services and education, leadership training, parent effectiveness seminars, recreational activities for children and community organization.

14. The evaluation was conducted by an external team of Filipino consultants in mid-1997 as part of the preparation of the new programme of cooperation (1999-2003). The purpose was "to assess the effectiveness and sustainability of educational strategies to curb violations of the right to education among children in especially difficult circumstances". In the context of the Philippine country programme, this involved strategies to improve access and participation of street children and working children in urban public schools. In addition to meetings with government, NGOs and UNICEF staff, and a review of programme documents, the team conducted field exercises in Olongapo, Pasay and Manila. Interviews and focused group meetings were conducted with some 60 respondents, including children, parents, community volunteers, members of parents' committees, officers of community organizations in the UBSP and local NGOs. Field visits were conducted to prepare case studies on best practices in the use of educational subsidies, community mobilization and organization, formal vocational-technical education, and school-based livelihood training.

15. The evaluation showed a fairly even distribution of subsidies between girls and boys, and between elementary and secondary school children. Among child workers, almost 70 per cent of the recipients of educational subsidies had reduced the number of hours worked, or stopped working altogether. The study highlighted the contribution of UBSP to community organization and empowerment, which helped to establish an enabling environment for addressing the issues of working children and street children. It also identified the following achievements: (a) enhanced awareness among parents of the value of education; (b) greater child-youth participation and confidence, attributed partly to the prestige of being "UBSP-UNICEF Scholars"; (c) a greater awareness of child rights among children and parents; and (d) enhancement of children's life skills. One respondent said, "I am only a carpenter and my wife a scavenger. I never dreamt that my child (a girl) would be able to reach high school". Some interviews with children showed that where previously they had been shy and felt ashamed of being street children or working children, they now felt better able to realize their potential, develop their talents and capabilities, assert their rights and relate with confidence to the school environment and agency officials.

16. Some of the best practices identified by the evaluation team are "characterized by (a) an understanding of the dynamics of individual, group and organizational development, particularly in the family and other primary groups; (b) community involvement in preventive care practices, treatment and rehabilitation; (c) maximized resources including funds generated from local sources; (d) a formal (community) structure that can exert social pressure, organizational discipline, and provide support; (e) [the involvement of] prime movers and innovators; and (f) pre-set criteria". The study also pointed out some weaknesses in implementation such as inadequacy of data on the situation of children and women and on performance indicators, and delays in making payments to children due to the number of steps involved in the system as well as delays in liquidating advances made by UNICEF.

17. The evaluation reinforces the argument that relatively small amounts of funds can have an important catalytic impact on promoting the rights of poorer children by helping them to gain access to basic services. Providing minimum support to poorer families - just the amount needed to enable children to go to school - reflects a strategy that avoids dependence and promotes family and local community effort. Coming from UNICEF, such support can promote coordination between the family and the community, between local NGOs and city government, and between local government and national Government. It should also be noted that this project is part of a multi-year programme of working children and street children and UBSP; that the programme has established direct linkages between child labour and education at project implementation level and has used it for advocacy through demonstration at the national policy level; and that child rights principles are being integrated into the country programme in a meaningful way. Lessons learned from this and other evaluations in the Philippines in 1996-1997 are expected to be taken into consideration in the preparation of the new country programme for children (1999-2003).

Micro-credit scheme for women in Viet Nam

18. The income-generation activities and Facts for Life communication project, part of UNICEF support to micro-credit in Viet Nam since 1993, combines credit for poor women with the dissemination of health and child care messages from Facts for Life. Other micro-credit projects in the country programme have been linked with the promotion of literacy, nutrition, water and sanitation. The project, managed by the Viet Nam Women's Union (VWU), has provided small loans to some 46,130 rural women in 151 communes in 22 of the 61 provinces in Viet Nam. Loans of about $30 are made available to women in local groups of 15-16 members. Default rates are very low, as groups monitor loans and provide assistance to those having difficulties with payments. The women meet on a monthly basis to recover loan installments and discuss MCH, nutrition and child care using Facts for Life materials.

19. The objective of the evaluation was to assess the impact of credit in the fourth cycle of loans and of health/nutrition messages on the lives of women and families. Two communes in Hai Phong and Lang Son provinces were selected for a participatory evaluation carried out in September 1997 by 25 government and UNICEF staff and an external consultant. The methodology included interviews with provincial- and commune-level steering committees of the VWU, group discussions with borrowers, the preparation of 15 case studies, weighing a sample of children, surveying a random sample of 50 borrowers, and collection of data on several child development indicators.

20. In the rapidly improving economic environment in Viet Nam it is difficult to attribute the generally positive changes in the situations of families solely to the project. Nevertheless, a significant improvement in family income and the situation of children and women was noted. Credit as an entry point for ensuring the survival, development and protection of children and empowerment of women appears to have been a cost-effective measure, considering the direct project cost of $20 per household over the four-year project cycle. Improvements were reported in the nutritional status of children, in the number of sanitary facilities and their use, and in school attendance of children. Group solidarity and self-confidence were promoted through participation in group meetings. Peer support through this process was cited by women participants as a valuable instrument of progress.

21. The evaluation showed that VWU has managed effective advocacy campaigns and that women participants have gained better knowledge and now use better practices in child care, nutrition and family spacing. The evaluation team, however, noted a lack of diversification in the use of loan funds and recommended linkages with agricultural extension agencies for skills training for alternative investments of loans. Recognizing the rapid growth of the local banking system in making small loans available to people without collateral, the team recommended a further review of the micro-credit strategy for linking borrowers with the local financial institutions and for shifting micro-credit support to the most marginalized communities and the poorest women and families.

22. Based on the evaluation findings, UNICEF inputs in 1998 will focus on strengthening the management capacity of VWU through the provision of professional expertise and technical support. The programme focus will shift from loan funds to a stronger communication strategy through the increasingly powerful women's networks of loan groups. VWU will be encouraged and supported to act as an effective link between the rapidly growing formal credit system and women's groups, and as a promoter of messages to improve health, nutrition and child care knowledge and practices. The MTR of the country programme in 1998 is expected to provide further opportunities for the Government and UNICEF to use the evaluation findings to further refine programme strategies during the second half of the programme cycle.

Facts for Life communication programme in Viet Nam

23. An evaluation of the communication project disseminating Facts for Life messages to women and families has been implemented in Viet Nam by VWU since 1989 with UNICEF support. Over 2.7 million women and their families in 19 provinces have been reached through the project, including a number of women involved in the micro-credit project noted above, and a wider audience has been reached through various channels of communication such as songs, poems, riddles, short plays, speeches and discussion groups. VWU organized activities at the commune level in various combinations, including: training women leaders; organizing group meetings and literacy training sessions; using existing mass media and indigenous community media forms; organizing healthy mother and child contests and competitions to test knowledge among users of Facts for Life, including women, men and grandparents; and promoting interpersonal communication, information dissemination and dialogue.

24. The purpose of the evaluation in June 1997 was to assess the promotion and coverage of Facts for Life and to further analyse the impact of its messages on knowledge acquisition and behaviour changes among women and their families in four provinces participating in the micro-credit scheme. The evaluation

methodology included meetings with members of the provincial and commune steering committees in the four selected provinces, responses to questionnaires from some NGOs and other provinces participating in the promotion of Facts for Life, meetings with UNICEF staff and a review of documents.

25. The evaluation report indicated that "the effects of Facts for Life communication on behavioural change in health has undoubtedly been overwhelmingly positive, albeit to different degrees in different project areas... . The overriding response to Facts for Life was praise for its practicality and relevance to their lives". While variations in the use and effectiveness of Facts for Life messages among communes were clearly identified, improvements were noted in families' responses to child immunization, tetanus toxoid immunization for pregnant women, and the use of iodized salt. Specific practices adopted as a result of learning about Facts for Life included: (a) early breast-feeding (i.e. of the colostrum) to newborns in spite of resistance from parents or in-laws based on their traditional beliefs; (b) the introduction of supplementary foods and continued breast-feeding for up to two years; (c) an increase in the number and frequency of prenatal check-ups; (d) birth spacing; (e) the use of oral rehydration salts and continuous feeding, and avoidance of anti-diarrhoeals during bouts of diarrhoea; and (f) boiling drinking water. Husbands showed a greater degree of interest in the chapter on HIV/AIDS, while women were more interested in topics directly affecting them in their local situations.

26. The evaluation pointed out that when local project steering committees showed a greater interest in Facts for Life communication, creative and culturally appropriate techniques were used and that its adaptation of in styles and forms suitable to local situations increased its effectiveness. When Facts for Life was integrated into other group activities, such as the management of micro-credit, it made a greater impact. The function of Facts for Life as a communication and mobilization tool for information, knowledge, health and child care practices was evident from the work of VWU. The Union's institutional capacity, as indicated by the evaluation report, needs to be further enhanced, particularly for reaching ethnic minorities, through (a) the adaptation of communication materials to meet their needs; (b) a decentralized process for developing materials; and (c) upgrading members' skills in interactive and participatory communication. While noting the use of multiple techniques and channels of Facts for Life communication in the programme, the evaluation recommended a further widening of networks with NGOs, schools and media, in addition to recommending direct linkages of Facts for Life communication to other UNICEF-assisted programmes for children and women. The mid-1998 MTR of the country programme will provide opportunities for making appropriate adjustments in the communication strategies.

EXPERIENCE IN STRENGTHENING MONITORING AND EVALUATION IN THE REGION

Multi-country teams and studies of safe motherhood in the region

27. In addition to the studies and evaluations at country level, the RMT has established a number of intercountry "flexi-teams" to review experiences in selected programme areas such as decentralization, community participation and local capacity-building; reduction of protein-energy malnutrition; education; child protection; and reduction of maternal mortality. Representatives and/or programme officers have volunteered to work as members of the teams based on their interests and technical expertise, and regional advisors in

health/nutrition, education and child protection have provided technical and secretariat support to the teams. Reports on the ongoing work of the teams are provided to the RMT at its regular meetings.

28. This report presents one example of the work of the RMT in safe motherhood for learning lessons from country experience (with or without UNICEF assistance) in the region, and for formulating appropriate programme strategies to reduce maternal mortality in countries at various stages of economic and social development. Recognizing Malaysia's achievement in reducing its maternal mortality rate (MMR) from 150 per 100,000 live births in 1970 to 50 by the mid-1990s, an in-depth case study of the Malaysian experience was conducted in 1997. Case studies of other country experiences were also prepared to identify achievements and gaps, strengths and weaknesses of national programmes. These studies were presented and discussed at regional and global meetings on safe motherhood in 1997.

29. The comparative analysis led to a classification of countries in the region into four groups: countries with "low" MMRs (below 100 per 100,000 live births); "medium" (between 100 and 200); "high" (between 200 and 650); and "very high" (above 650). This analysis is beginning to provide further insights into the possible direct and underlying causes of maternal mortality in the region; the types and quality of safe motherhood services being provided; and programme strategy mixes that can be promoted for achieving the MMR goal in each country. The analysis has identified key characteristics determining MMR achievements such as: (a) the level of development in health infrastructure, particularly regarding access to and use of maternal health services; (b) the overall reproductive health and nutritional status of women; (c) educational achievement, women's age at first delivery, number of deliveries, proportion of unsafe and illegal abortions, and violence against women; and (d) the country's stage of overall socio-economic development.

30. Based on the regional analysis and meetings, a "safe motherhood programme package" is being developed for further discussion, advocacy and appropriate application to country situations. It proposes various strategy mixes at family and community levels, including promotion of nutrition among women and adolescent girls, especially adequate intake of calories, vitamin A, iron and zinc; promotion of water and environmental sanitation; reproductive health, including recognition of risks during pregnancy and family spacing; protection from sexual abuse and violence; and promotion of women's empowerment, including female literacy, life skills education and credit schemes for greater control over resources. Interventions at the health worker/community interface level include midwife, traditional birth attendant and other front-line worker assistance in safe delivery, timely referral and outreach to households with essential MCH services; training, supervision, licensing and motivation among workers; and affordable transport and communication systems. At the health system level, MCH and other reproductive health services, including case management and prevention of HIV/AIDS, information on family spacing and the consequences of unsafe abortions are to be promoted, combined with emergency obstetric care and prevention and treatment of common health problems of women at health centres. This list makes it clear that none of these interventions alone can make an impact; that a comprehensive, multisectoral approach to women's reproductive health is required; and that a strong political commitment at all levels will enable countries to accelerate the reduction of MMR in the region and ensure that women's right to health will be respected.

Programme audits and mid-term reviews

31. A new methodology for the audit of programme management was introduced by the Office of Internal Audit in the Jakarta and Hanoi country offices in 1997. The aim was to identify the principal risks to the achievement of major programme objectives and to assess the risk management practices introduced by the country offices to manage those risks. The audits were participatory in nature, involving a joint team from the audit and the country offices. An attempt will be made to conduct additional programme audits in countries that are preparing MTRs in 1998 in recognition of links between the two forms of programme assessments.

32. Based on the team's recommendations, the Jakarta country office is strengthening intersectoral coordination, planning processes, and monitoring and evaluation. In the Hanoi country office, the exercise recommended increased attention to the area-focused approach and a greater priority on technical capacity- building among government counterparts. Both offices are committed to moving forward on the recommendations by the time of their MTRs. The regional monitoring and evaluation officer participated in the programme audit in Hanoi. The regional office and the RMT are reviewing the scope for further collaboration in the implementation of programme audits in 1998.

Programme evaluations and mid-term reviews

33. MTRs of five large and complex country programmes (Cambodia, China, Indonesia, Myanmar and Viet Nam) will be conducted in 1998. While the country offices are beginning to prepare for the country-level MTRs together with their respective government partners, the regional office and the RMT have initiated a dialogue to: (a) assist in the preparation of integrated monitoring and evaluation plans at country and regional levels; (b) generate a process of intercountry exchanges within the region, based on country office needs for technical support; (c) gather country office plans for programme evaluations in preparation for the MTRs; (d) explore possible themes for multi-country thematic evaluations; and (e) devise regional mechanisms for gathering, analysing and using relevant information on evaluations of country programmes in the region in consultation with the programme and evaluation teams at headquarters. These efforts are expected to contribute to strengthening the capacities of UNICEF and its programme partners for evaluation of country programmes of cooperation and for monitoring the situation of children and women in the region.